

19

## UNITED STATES DISTRICT COURT

for the

Eastern District of Michigan

Southern District of Michigan

Case: 2:19-cv-13092  
 Judge: Berg, Terrence G  
 MJ: Hluchaniuk, Michael J  
 Filed: 10/22/2019 At 11:36 AM  
 CMP JENNIFER SCHLUR V ENCORE REHABILITATION SERVICE LLC (LG)

Jennifer Schluter

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Encore Rehabilitation Services, LLC

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☐ Yes ☒ No

## COMPLAINT FOR VIOLATION OF FAIR LABOR STANDARDS

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Jennifer Schluter
Street Address	42102 Fountain Park Drive South, #212
City and County	Novi, Oakland
State and Zip Code	MI 48375
Telephone Number	734-664-1805
E-mail Address	jhicks1999@yahoo.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title *(if known)*. Attach additional pages if needed.

Defendant No. 1

Name	Encore Rehabilitation Services, LLC
Job or Title <i>(if known)</i>	Organization
Street Address	33533 W. 12 Mile Road, Suite 290
City and County	Farmington Hills, Oakland
State and Zip Code	MI 48331
Telephone Number	248-865-1177
E-mail Address <i>(if known)</i>	

Defendant No. 2

Name	Drita (LNU)
Job or Title <i>(if known)</i>	Regional Manager
Street Address	33533 W. 12 Mile Road, Suite 290
City and County	Farmington Hills, Oakland
State and Zip Code	MI 48331
Telephone Number	248-865-1177
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	Morgan Decker
Job or Title <i>(if known)</i>	Manager
Street Address	33533 W 12 Mile Road, Suite 290
City and County	Farmington Hills, Oakland
State and Zip Code	MI 48331
Telephone Number	248-865-1177
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	

State and Zip Code  
 Telephone Number  
 E-mail Address (if known)

### C. Place of Employment

The address at which I am employed or was employed by the defendant(s) is

Name	Encore Rehabilitation Services, LLC
Street Address	33533 West 12 Mile Road, Suite 290
City and County	Farmington Hills, Oakland
State and Zip Code	MI 48331
Telephone Number	248 865-1177

### II. Basis for Jurisdiction

This action is brought pursuant to (check all that apply):

- ☒ Fair Labor Standards Act, as codified, 29 U.S.C. §§ 201 to 209.  
☐ Relevant state law  
☐ Relevant city or county law

### III. Statement of Claim

State as briefly as possible the facts of your case. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Nature of employer's business:  
 Healthcare. Disparate treatment, unequal pay

B. Dates of employment:  
 10/08/2012 - 05/03/2019

C. Employee's job title and a description of the kind of work done:

Physical Therapy Assistant - see job description attached

D. Rate, method, and frequency of wage payment:

\$25/hour, bi-weekly, direct deposit

E. Number of hours actually worked each week in which a violation is claimed:

40

F. Description of the alleged violation(s) *(check all that apply)*:

☐ Failure to pay the minimum wage *(explain)*

☐ Failure to pay required overtime *(explain)*

☒ Other violation(s) *(explain)*  
See attached, race and sex discrimination

G. Date(s) of the alleged violation(s):

10/08/2012-05/03/2019

*Jennifer Schluter v. Encore Rehabilitation Services, LLC*

Pro Se 8 (Rev. 12/16) Complaint for Violation of Fair Labor Standards

**H. Additional facts:**

See attached, EEOC Appeal Letter

**IV. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

*unrec. LSS*

P&amp;C - \$300,000 - P &amp; C

\$500/month - health benefits (health, dental, life, std, vision

(2) years front pay

Complete expungement of personnel file

Positive references if contacted for employment

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10/22/2019

Signature of Plaintiff

Printed Name of Plaintiff

*Jennifer Schluter*  
 Jennifer Schluter

Jennifer Schuster v. Encore Rehabilitation Services, LLC

**B. For Attorneys**

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address



- ☐ Your Copy
- ☐ Encore Copy – Sign & Return

## Physical Therapist Assistant Position Description

---

### POSITION SUMMARY

Provides physical therapy services to residents by assisting in the assessment, treatment, program planning and implementation, related documentation and communication. Functions under supervision of the physical therapist.

**ESSENTIAL DUTIES AND RESPONSIBILITIES** include the following. Other duties may be assigned.

1. Provides physical therapy services to residents under the direct supervision of a physical therapist.
2. Assists physical therapist in the evaluation process in the areas of self-care, homemaking, functional mobility and coordination. Assists in the evaluation of other areas as directed.
3. Identifies indications for and assists in evaluations at appropriate intervals under the direction of the physical therapist.
4. Assists the physical therapist in identifying a problem list, short-term goals, long-term goals and treatment plan.
5. Conducts both individual and group treatment as assigned by the physical therapist and outlined in the treatment that includes, but is not limited to, areas of muscle strength, coordination, mobility, sensory awareness, sitting and standing, transfer training, balance activities, gait training, range of motion activities and modalities.
6. Assists in the selection of physical therapy techniques/media and in the sequence of activities, adapts techniques/media as indicated by resident performance and following consultation with the physical therapist. No major modification to the treatment plan is made without prior consultation with the physical therapist.
7. Monitors resident's response to intervention and consults with physical therapist if modification is indicated.
8. Assists in establishing and modifying individual resident schedules in conjunction with the physical therapist and other team members.
9. Adheres to department and resident schedule and modifies as appropriate for treatment regimen.

10. Maintains acceptable resident care ratios as determined by the physical therapist.
11. Provides/recommends/fabricates adaptive devices or other equipment; trains resident, family and appropriate staff in the use or application of the above.
12. Participates in resident, family and staff education.
13. Confers formally and informally with other team members in coordinating the total rehabilitation program of the resident.
14. Adheres to Physical Therapy Department procedures regarding documentation of physical therapy services.
15. Provides treatment in accordance with established standards of practice, department procedures and productivity standards.
16. Records billable treatment times according to Physical Therapy Department procedures and submits weekly/monthly statistics to regional office.
17. Maintains safe and clean work area and adheres to facility/company safety standards.
18. Complies with all infection control, Universal Precautions and OSHA standards for the healthcare professional.
19. Consistently demonstrates sound judgment in the evaluation, planning, implementation and follow-up of resident therapy programs.
20. Maintains positive relationships and rapport with coworkers, residents, family members and facility personnel.
21. Reports to work on time and adheres to schedule maintaining acceptable patient ratios and work efficiency during assigned shift.
22. Assumes responsibility for ongoing continuing education and professional development.
23. Assists with and participates in quality assurance program as required.
24. Adheres to established confidentiality standards.
25. Projects a positive and professional image at all times.
26. Performs other duties as assigned.

#### **RECOMMENDED MINIMUM POSITION QUALIFICATIONS**

1. Associate Degree in Physical Therapy from an accredited program.
2. Current state licensure or license-eligible in states where applicable.
3. Regular attendance.



## PHYSICAL REQUIREMENTS and WORK ENVIRONMENT

Physical requirements for this position are classified as medium under the Department of Labor classification. The employee must be capable of exerting 20-50 pounds of force occasionally (less than 1/3 of the time), and/or 10-20 pounds of force frequently (1/2 of the time), and/or up to 10 pounds of force constantly (2/3 of the time) to move objects, equipment and/or residents. While performing the duties of this job, the employee is regularly required to stand, walk, sit, stoop, kneel, bend or crouch; use hands to manipulate tools, equipment or controls; reach with hands and arms, balance, lift and perform medium to maximum transfer assists with residents. The employee is required to have visual and hearing acuity sufficient enough to assess resident safety and ability. This position is classified as a Category 1 for the purpose of exposure determination under the OSHA Regulations regarding the Standard on Occupational Exposure to Blood borne Pathogens (29CFR 1910.1030). Category 1 is defined as all procedures or job-related tasks that involve an inherent risk for mucous membrane or skin contact with blood, body fluids or tissues, or a potential for spills and/or splashes of blood or body fluids. The use of protective equipment and measures is required for every employee engaged in Category 1 tasks.

*These essential functions described here are representative of those an employee encounters while performing the basic functions of a physical therapist assistant. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform these essential functions.*

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I am an African-American female who was employed as a Physical Therapist Assistant for the past 6+ years with Encore! Rehabilitation Services assigned to their Wellbridge subsidiaries. Throughout my entire employment experience, I was an excellent employee, who was disparately treated in that white employees, with less experience, education and seniority were paid more than me; given more difficult patients that often required two/three person assistance, required to work alone with no additional required assistance) and harassed, compared to White, Physical Therapist Assistants (I was physically and verbally assaulted by nurses and CNA's, and despite complaining, the harassment continued). Despite numerous requests for assistance, the same was often denied, which resulted in several work related injuries causing time away from work. Also Encore (Wellbridge) required me to use PTO during worker's comp, and to pay my own insurance

premiums, while off under the threat of losing my insurance. The most recent incident occurred on May 3, 2019 when I reported to work as usual; half-way through my shift, Regional Manager, Drita (Inu), asked me to meet with her and Morgan Decker, (Manager) and advised me that effective immediately my employment was being changed from full-time to PRN ("pro re nata" which loosely translates to "as needed."). Based on the foregoing, I believe that I have been unlawfully discriminated against, harassed and disparately treated because of my race (African-American) and gender (female).

August 5, 2019

Michelle Eisele, District Director  
U.S. Equal Employment Opportunity Commission  
Indianapolis District Office  
101 West Ohio Street, Suite 1900  
Indianapolis, IN 46204

RE: Jennifer Schluter v. Encore Rehabilitation Services  
EEOC Charge Number 471-2019-03134

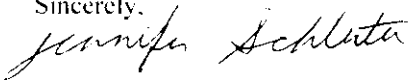
Dear Ms. Eisele,

This letter shall serve as a request to re-open my case investigation, and my vehement opposition to the closure of same, based on the following:

- This case was never fully investigated as stated to me by Willie Slater
- If my former employer, Encore, was ever contacted or even responded, the results were never shared with me for rebuttal
- Information communicated to me by Willie Slater contradicts investigative procedures listed online. That information stated once Encore responds online, I can request a copy of said response from EEOC, and then I could respond back THIS NEVER HAPPENED
- Efforts to contact Willie Slater directly throughout the course of this alleged investigation were not successful via phone, in that all numbers either listed or provided by Willie Slater resulted in : "the subscriber you have dialed, is not in service. If you feel you've received this message in error, please hang up and try your call again; Message #11.00256" – the same is true for Marc Fishback.
- No response to any emails sent to Willie Slater were ever responded to, and I emailed him on July 9, July 16, and July 22
- Requested information either verbally or in writing were ignored, and I have yet to receive the requested documentation (see email dated July 30, 2019 to Marc Fishback)
- July 9, 2019, Willie Slater left a voicemail stating my case was closed, no explanation given.
- July 10, 2019, I spoke directly with Willie Slater and he reiterated that my case was closed; that while I met some Title 7 requirements, I did not meet all; and that a Right-to-suit letter would be forthcoming within 30 days from this conversation (approximately August 10, 2019).
- Although requested in writing to Willie Slater and Mark Fishback to explain which requirements I met under Title 7 and which ones I did not, no response to this request has been received to date.
- Although the Right-to-suit letter is dated July 16, 2019, it was not postmarked until July 17, and I received the Right-to-suit letter July 20, 2019 (see attached)
- Enclosed, please find documentation to substantiate my request to re-open my case investigation and to support my vehement opposition to its closure.

The favor of your immediate reply in writing, but no later than August 16, 2019, is greatly appreciated.

Sincerely,



Jennifer Schluter  
42102 Fountain Park Drive, #212  
Novi, MI 48375  
734-664-1805

Enclosures

cc: Representative Debbie Dingell  
United States Commission on Civil Rights

EEOC Form 1 (11/09)

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: _____ Agency(ies) Charge No(s): <b>471-2019-03134</b> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
<b>Michigan Department Of Civil Rights</b> and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) <b>Mrs. Jennifer Schluter</b>		Home Phone <b>(734) 664-1805</b>	
Street Address <b>42102 Fountain Park Drive,, #212, NOVI, MI 48375</b>		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>ENCORE REHABILITATION SERVICES, LLC</b>		No. Employees, Members <b>501+</b>	
Street Address <b>33533 W 12 Mile Rd, Ste 290, Farmington Hills, MI 48331</b>		City, State and ZIP Code	
Name _____		No. Employees, Members _____	
Street Address _____		City, State and ZIP Code	
DISCRIMINATION BASED ON (check appropriate box(es)) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify) _____		DATE(S) DISCRIMINATION TOOK PLACE Earliest    Latest <b>08-01-2018    05-30-2019</b> <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <b>I began my employment with the above-named employer on October 8, 2012, and my most recent position is Physical Therapist Assistant.</b>  <b>Throughout my employment I have been harassed by Managers at Respondent. Examples of the harassment are my schedule constantly being changed, patients taken away from me, refusing to work with me, amongst other instances. They did not treat race, White PT Assistants in the same manner. I also believe I was being paid lower wages than the white PT Assistants. In August of 2018, I was disciplined for a patient complaint and White PT Assistants who have had complaints were not disciplined. Additionally, in May 2019, I was removed from the location I was working at and demoted.</b>  <b>I believe I was harassed, disciplined, demoted and paid less based on my race, Black, in violation of Title VII of the Civil Rights Act of 1964, as amended.</b>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT  _____	
Digitally signed by Jennifer Schluter on 05-30-2019 10:15 AM EDT		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

CP Enclosure with EEOC Form 5 (11/09)

**PRIVACY ACT STATEMENT:** Under the Privacy Act of 1974, Pub. Law 93-579, authority to request personal data and its uses are:

1. **FORM NUMBER/TITLE/DATE.** EEOC Form 5, Charge of Discrimination (11/09).
2. **AUTHORITY.** 42 U.S.C. 2000e-5(b), 29 U.S.C. 211, 29 U.S.C. 626, 42 U.S.C. 12117, 42 U.S.C. 2000ff-6.
3. **PRINCIPAL PURPOSES.** The purposes of a charge, taken on this form or otherwise reduced to writing (whether later recorded on this form or not) are, as applicable under the EEOC anti-discrimination statutes (EEOC statutes), to preserve private suit rights under the EEOC statutes, to invoke the EEOC's jurisdiction and, where dual-filing or referral arrangements exist, to begin state or local proceedings.
4. **ROUTINE USES.** This form is used to provide facts that may establish the existence of matters covered by the EEOC statutes (and as applicable, other federal, state or local laws). Information given will be used by staff to guide its mediation and investigation efforts and, as applicable, to determine, conciliate and litigate claims of unlawful discrimination. This form may be presented to or disclosed to other federal, state or local agencies as appropriate or necessary in carrying out EEOC's functions. A copy of this charge will ordinarily be sent to the respondent organization against which the charge is made.
5. **WHETHER DISCLOSURE IS MANDATORY; EFFECT OF NOT GIVING INFORMATION.** Charges must be reduced to writing and should identify the charging and responding parties and the actions or policies complained of. Without a written charge, EEOC will ordinarily not act on the complaint. Charges under Title VII, the ADA or GINA must be sworn to or affirmed (either by using this form or by presenting a notarized statement or unsworn declaration under penalty of perjury); charges under the ADEA should ordinarily be signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to make a charge.

#### NOTICE OF RIGHT TO REQUEST SUBSTANTIAL WEIGHT REVIEW

Charges filed at a state or local Fair Employment Practices Agency (FEPA) that dual-files charges with EEOC will ordinarily be handled first by the FEPA. Some charges filed at EEOC may also be first handled by a FEPA under worksharing agreements. You will be told which agency will handle your charge. When the FEPA is the first to handle the charge, it will notify you of its final resolution of the matter. Then, if you wish EEOC to give Substantial Weight Review to the FEPA's final findings, you must ask us in writing to do so within 15 days of your receipt of its findings. Otherwise, we will ordinarily adopt the FEPA's finding and close our file on the charge.

#### NOTICE OF NON-RETALIATION REQUIREMENTS

Please **notify** EEOC or the state or local agency where you filed your charge **if retaliation is taken against you or others** who oppose discrimination or cooperate in any investigation or lawsuit concerning this charge. Under Section 704(a) of Title VII, Section 4(d) of the ADEA, Section 503(a) of the ADA and Section 207(f) of GINA, it is unlawful for an *employer* to discriminate against present or former employees or job applicants, for an *employment agency* to discriminate against anyone, or for a *union* to discriminate against its members or membership applicants, because they have opposed any practice made unlawful by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under the laws. The Equal Pay Act has similar provisions and Section 503(b) of the ADA prohibits coercion, intimidation, threats or interference with anyone for exercising or enjoying, or aiding or encouraging others in their exercise or enjoyment of, rights under the Act.

## DISMISSAL AND NOTICE OF RIGHTS

To **Jennifer Schluter**  
**42102 Fountain Park Drive, #212**  
**Novi, MI 48375**

From **Indianapolis District Office**  
**101 West Ohio St**  
**Suite 1900**  
**Indianapolis, IN 46204**



On behalf of person(s) aggrieved whose identity is  
**CONFIDENTIAL (29 CFR §1601.7(a))**

EEOC Charge No.

EEOC Representative

Telephone No

**471-2019-03134**

**Marc A. Fishback,**  
**Enforcement Supervisor**

**(317) 226-7017**

**THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**



The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

**- NOTICE OF SUIT RIGHTS -**

(See the additional information attached to this form )

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different )

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

**JUL 16 2019**

Enclosures(s)

**Michelle Eisele,**  
**District Director**

(Date Mailed)

cc

**Steve Wilkinson**  
**VP of Human Resources**  
**ENCORE REHABILITATION SERVICES, LLC.**  
**33533 W 12 Mile Rd, Ste 290**  
**Farmington Hills, MI 48331**

Jennifer Schluter V. Encore Rehabilitation Services, LLC

OLIS DISTRICT OFFICE  
ment Opportunity Commission  
Ohio Street - Suite 1900  
olis, Indiana 46204-4203

ICIAL BUSINESS

of all  
- letters  
yes  
she

Contract  
other  
"unhappy"

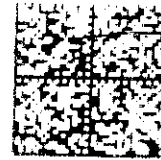
②  
the  
wrap after  
left / can't  
she + this  
law

UNITED STATES

IN 460

17 JUL '19

PM



UNITED STATES POSTAL SERVICE

Postage & Fees Paid

\$ 000.50<sup>00</sup>

①  
Keep for  
records

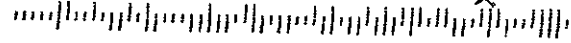
Notice of right to  
sue + dismissal  
left of case

from EEOC  
for Encore  
7/16/19

3 of 7/20/19

>>

48375-253962





ENCORE REHABILITATION SERVICES LLC.

33533 W 12 MILE RD, SUITE 290

FARMINGTON HILLS, MI, 48331-5635

COMPANY PH#:866-538-9444

Period Beginning: 04/21/2019

Period Ending: 05/04/2019

Pay Date: 05/10/2019

Taxable Marital Status: Married

Exemptions/Allowances:

Federal: 1

MI: 0

JENNIFER N SCHLUTER

42102 FOUNTAIN PARK DR E

APT 212

NOVI MI 48375-2539

Earnings	rate	hours	this period
Regular	25.0000	77.65	1,941.25
Overtime			
Pto			
<b>Gross Pay</b>			<b>\$1,941.25</b>

year to date
12,901.25
12.38
1,000.00
13,913.63

## Other Benefits and Information

	this period	total to date
G.T.L.	0.08	0.64
Pto Balance		-20.00

Deductions	Statutory	
Federal Income Tax	-120.28	787.54
Social Security Tax	-111.62	793.06
Medicare Tax	-26.10	185.47
MI State Income Tax	-74.04	525.85
<b>Other</b>		
Dental	-6.93*	55.44
Medical	-132.89*	1,058.23
Short Term Dbl	-11.22	89.76
Vision	-1.17*	9.36
401K	-58.24*	417.43
<b>Net Pay</b>	<b>\$1,398.76</b>	
Dir Dep Check	-1,398.76	
<b>Net Check</b>	<b>\$0.00</b>	

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$1,742.02

ENCORE REHABILITATION SERVICES LLC.  
33533 W 12 MILE RD, SUITE 290  
FARMINGTON HILLS, MI, 48331-5635  
COMPANY PH#:866-538-9444

Advice number: 00000190975

Pay date: 05/10/2019

Deposited to the account of	account number	transit	ABA	amount
JENNIFER N SCHLUTER	xxxxxxxx8697	xxxx	xxxx	\$1,398.76

NON-NEGOTIABLE

## CIVIL COVER SHEET

This is a 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM)

## I. (a) PLAINTIFFS

Jennifer Schluter

## DEFENDANTS

Encore Rehabilitation Services, LLC

(b) County of Residence of First Listed Plaintiff

Oakland

(EXCEPT IN U.S. PLAINTIFF CASES)

County of Residence of First Listed Defendant

Oakland

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF

(c) Attorneys (Firm Name, Address, and Telephone Number)

Case: 2:19-cv-13092

Judge: Berg, Terrence G

MJ: Hluchaniuk, Michael J

Filed: 10-22-2019 At 11:36 AM

CMP JENNIFER SCHLUTER V ENCORE REHABILITATION SERVICE LLC (LG)

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☒ 1 U.S. Government Plaintiff
- ☐ 2 U.S. Government Defendant
- ☐ 3 Federal Question (U.S. Government Not a Party)
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZEN

(For)

- Citizen of This State ☐ 1 ☐ 1 Incorporated or Principal Place of Business in This State ☐ 4 ☐ 4
- Citizen of Another State ☐ 2 ☐ 2 Incorporated and Principal Place of Business in Another State ☐ 5 ☐ 5
- Citizen or Subject of a Foreign Country ☐ 3 ☐ 3 Foreign Nation ☐ 6 ☐ 6

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <b>LABOR</b> <input checked="" type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable Sat TV <input type="checkbox"/> 850 Securities/Commodities Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w Disabilities - Employment <input type="checkbox"/> 446 Amer. w Disabilities - Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

## V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity)

U.S. Code 1345 - Suit Code #710

Brief description of cause

Unequal Pay

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☒ No

## VIII. RELATED CASE(S) IF ANY

(See instructions)

JUDGE

Friedman

DOCKET NUMBER

19-13090

DATE: 10/22/19

SIGNATURE OF ATTORNEY OF RECORD

Jennifer Schluter

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG JUDGE

PURSUANT TO LOCAL RULE 83.11

1. Is this a case that has been previously dismissed?

<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No

If yes, give the following information:

Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No

If yes, give the following information:

Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

Notes :

---